



## **ALPHA Resolution**

### **2009-08 Support for Quality Physical Education in Alaska**

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WHEREAS quality physical education programs are critical to providing and teaching skills needed to achieve and maintain physical fitness<sup>1</sup>

WHEREAS regular physical activity yields health benefits and helps reduce the risk of developing obesity and chronic diseases such as diabetes and cardiovascular disease<sup>2</sup>

WHEREAS physical inactivity contributes to a variety of chronic diseases including diabetes, high blood pressure, high cholesterol, asthma, arthritis and dying prematurely<sup>3</sup>

WHEREAS prevalence of obesity among children aged 6–11 more than doubled in the past 20 years and the rate among adolescents aged 12–19 more than tripled and children; and adolescents who are overweight are more likely to be overweight or obese as adults<sup>4</sup>

WHEREAS 27% of Alaska high school students are overweight or obese<sup>5</sup>

WHEREAS direct medical expenditures alone for obesity are estimated to total \$147 billion each year in the United States, and an estimated \$477 million is spent annually in Alaska for direct medical expenditures related to obesity<sup>6</sup>

WHEREAS physical education provides a dose of the scientifically recommended 60 minutes or more of physical activity per day for children and adolescents, and most of the hour or more should be moderate to vigorous activity<sup>7</sup>

WHEREAS 58% of Alaska high school students do not get the recommended amount of physical activity each day and more than half of Alaskan high school students did not participate in physical education class in the past week<sup>8</sup>

WHEREAS less than 25% of Alaskan physical education instructors are certified specialists<sup>9</sup>

WHEREAS Alaska has the lowest percentage of secondary schools with certified physical education staff in the United States and has the lowest percentage of secondary physical educators who received professional development in their content area in the United States<sup>10</sup>

WHEREAS research indicates that schools that provide time for quality physical education with life long physical activity programs generate a positive effect on academic achievement even

when provided as part of the regular school day – including increased concentration; improved mathematics, reading, and writing scores; and a reduction in disruptive behaviors<sup>11,12</sup>

WHEREAS a high quality physical education program includes the following components:<sup>13</sup>

- 1) The opportunity to learn by providing instructional periods totaling 150 minutes per week (elementary) and 225 minutes per week (middle and secondary school); qualified physical education specialists providing a developmentally appropriate program; and adequate equipment and facilities.
- 2) Meaningful content that includes: instruction in a variety of motor skills that are designed to enhance the physical, mental, and social/emotional development of every child; fitness education and assessment to help children understand, improve and/or maintain their physical well-being; development of cognitive concepts about motor skill and fitness; opportunities to improve their emerging social and cooperative skills and gain a multi-cultural perspective; and promotion of regular amounts of appropriate physical activity now and throughout life.
- 3) Appropriate instruction defined as: full inclusion of all students; maximum practice opportunities for class activities: well-designed lessons that facilitate student learning; out of school assignments that support learning and practice; no physical activity for punishment; and uses regular assessment to monitor and reinforce student learning.

WHEREAS the school grounds, physical plant, athletic and playground structures must be maintained to ensure a safe and healthy environment for physical activity.

WHEREAS Physical Education is an essential component of the Coordinated School Health Program Model<sup>14</sup>

WHEREAS there is strong scientific evidence from the Task Force on Community Preventive Services that school-based Physical Education is effective in increasing levels of physical activity and improving physical fitness<sup>15</sup>

**THEREFORE BE IT RESOLVED** that the Alaska Public Health Association supports quality standards-based physical education in grades K through 12 as a critical component of a balanced curriculum. To that end, ALPHA supports:

- The adoption of State of Alaska Physical Education Content Standards based on National Physical Education Standards;
- 150 minutes per week for elementary or 225 minutes per week for secondary schools of physical education instruction;
- Establish a statewide Physical Education Coordinator position to assist districts with implementing quality physical education programs.
- A requirement that state funding for new schools or substantial school capital improvements include indoor and outdoor physical education facilities; and
- Creation of an Alaskan educational system for certificated teachers to earn a physical education teaching endorsements.

- Professional development for those teaching physical education in schools.

Fiscal Impact on ALPHA: This action will result in minor costs associated with sending this resolution and accompanying cover letter to policy makers.

Public Health Impact: Increased school-based physical education will improve the health of students, develop physical competence and cognitive understanding about the importance of physical activity, and encourage students to adopt healthy and physically active lifestyles throughout the lifespan. It will help students maintain a healthy weight, prevent overweight and obesity and reduce the risk of developing chronic diseases or dying prematurely. It will also reduce the burden to health care costs to society. In addition, it may improve academic achievement which in turn can result in an improved health status.

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<sup>1</sup> National Association for Sport and Physical Education (NASPE), What Constitutes a Quality Physical Education Program? Position Statement. Prepared by the National Association for Sport and Physical Education.. Reston, VA 2003

<sup>2</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Physical Activity and the Health of Young People. October 2008

<sup>3</sup> Centers for Disease Control and Prevention, Physical Activity and the Health of Young People. October 2008

<sup>4</sup> Ferraro KF, Thorpe RJ Jr, Wilkinson JA. The life course of severe obesity: Does childhood overweight matter? *Journal of Gerontology* 2003;58B(2):S110-S119.

<sup>5</sup> Alaska Department of Health and Social Services. Division of Public Health. Youth Risk Behavior Survey (YRBS) 2007

<sup>6</sup> Fenaughty AM, Fink K, Peck D, Utermohle CJ. Childhood Obesity in Alaska. Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. March 2009.

<sup>7</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. 2008 Physical Activity Guidelines for Americans. Retrieved from <http://www.health.gov/paguidelines> Nov. 11, 2009

<sup>8</sup> Alaska Department of Health and Social Services, Division of Public Health, Youth Risk Behavior Survey (YRBS) 2007

<sup>9</sup> Stevens, Russell L., White, Carol.M Statewide Efforts to Prevent Cardiovascular Disease: Policies, Programs, and Environmental Supports for Physical Activity and Risk Reduction. Juneau, AK; Division of Public Health, Alaska Department of Health and Social Services, 2004

<sup>10</sup> Brener ND, McManus T, Foti K, Shanklin SL, Hawkins J, Kann L, Speicher N, School Health Profiles 2008: Characteristics of Health Programs Among Secondary Schools. Atlanta: Centers for Disease Control and Prevention; 2009.

<sup>11</sup> Sallis, J., McKenzie, T., Kolody, B., Lewis, M., Marshall, S., and Roesngard, P. (1999). *Effects of health-related physical education on academic achievement; Project SPARK*. Research Quarterly for Exercise and Sport, 70 (2), 127- 134). Shepard,R.J., (1996).

<sup>12</sup> Shepard, R.J. (1996). Habitual physical activity and academic performance. *Nutrition Reviews*, 54(4 supplement), S32-S36.

<sup>13</sup> National Association for Sport and Physical Education (NASPE), What Constitutes a Quality Physical Education Program? Position Statement. Prepared by the National Association for Sport and Physical Education.. Reston, VA 2003

<sup>14</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. Coordinated School Health Program. 2008. Retrieved from <http://www.cdc.gov/healthyyouth/CSHP/> Nov. 11, 2009

<sup>15</sup> Partnership for Prevention. School-based Physical Education; Working with Schools to Increase Physical Activity among Children and Adolescents in Physical Education Classes An Action Guide. The Community Health Promotion Handbook; Action Guides to Improve Community Health. Washington DC. April 2008